



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	15th November 2018	Agenda Item	2a
Report Title	Audit Registers and Action Plans		
Report Author	Michael Kenealy, Finance Manager, Accounting & Governance		
Report Sponsor	Lynne Hamilton, Director of Finance		
Presented by	Andrew Biston, Head of Accounting & Financial Governance		
Freedom of Information	Closed		
Purpose of the Report	<p>To provide summary extracts of the Audit Registers for the Health Board which have been developed to monitor:</p> <ul style="list-style-type: none"> • Delivery of the Audit Plans; • Receipt of draft and final reports; and • Health Board management responses to audit reports <p>To monitor the status of agreed audit recommendations.</p>		
Key Issues	<p>The deadline for updating progress on Action Plans was 26th October 2018.</p> <p>The Audit Registers have been fully updated as at 26th October 2018, and these show when reports were expected by the Health Board, as set out in the original audit plans, the dates they were received and whether management responses were made on a timely basis.</p> <p>There has been progress in addressing the number of overdue recommendations but there remain a significant number of recommendations which have not yet been implemented.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			√
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE The current position of the Audit Registers and the status of the Action Plans. 		

AUDIT REGISTERS AND ACTION PLANS

1.0 INTRODUCTION

1.1. This report provides the Audit Committee with summary extracts of the Audit Registers for the Health Board which have been developed to monitor: -

- Delivery of the Audit Plans;
- Receipt of draft and final reports; and
- Health Board management responses to audit reports

1.2. In addition, the status of agreed audit recommendations is monitored and included within this report.

2.0 BACKGROUND

2.1 A detailed review of the audit registers has been undertaken by the Head of Accounting & Financial Governance, Director of Corporate Governance and Head of Internal Audit focussing on the outstanding audit recommendations listed on the audit registers. This review identified outstanding actions which have been superseded by subsequent audit reports or are no longer valid and these have been removed from the audit registers. A similar review has also been undertaken with Wales Audit Office.

2.2 The reports remaining on the audit registers have been fully updated as at 26th October 2018, and these show when reports were expected by the Health Board, as set out in the original audit plans, the dates they were received and whether management responses were made on a timely basis.

2.3 The deadline for updating progress on Action Plans was 26th October 2018. Summary extracts for both internal and external audit are set out in the sections below:

External Audit Register (2017 Work) (Appendix A)

Delivery of the 2017 plan is summarised below:

Financial Accounts Work (2017/18): Main accounts work completed. Charitable Funds Accounts Audit completed October 2018.

Performance Work:

- Structured Assessment (2017): completed
- Primary Care – Thematic Review: the local report is being finalised with health board officers preparing responses to the report recommendations. The report is anticipated to be received by the Audit Committee in January 2019.

- Cross Sector Thematic – Intermediate Care Fund: local findings reported to the RPB on 30th October 2018. National report anticipated in early 2019.

In addition to the above projects, local audit work includes:

- Board Development session on assurance, scrutiny and challenge planned for December 2018.

External Audit Register (2018 Work) (Appendix B)

Delivery of the 2018 plan is summarised below:

Financial Accounts Work (2018/19): Main accounts work is planned for February to June 2019, and the Charitable Funds Audit for October 2019.

Performance Work:

- NHS Structured Assessment (2018): fieldwork completed and drafting of the report has commenced.
- Clinical coding follow-up (all-Wales thematic review) : fieldwork commenced

Two further audits included in the 2018 audit plan are not yet due to commence. These include:

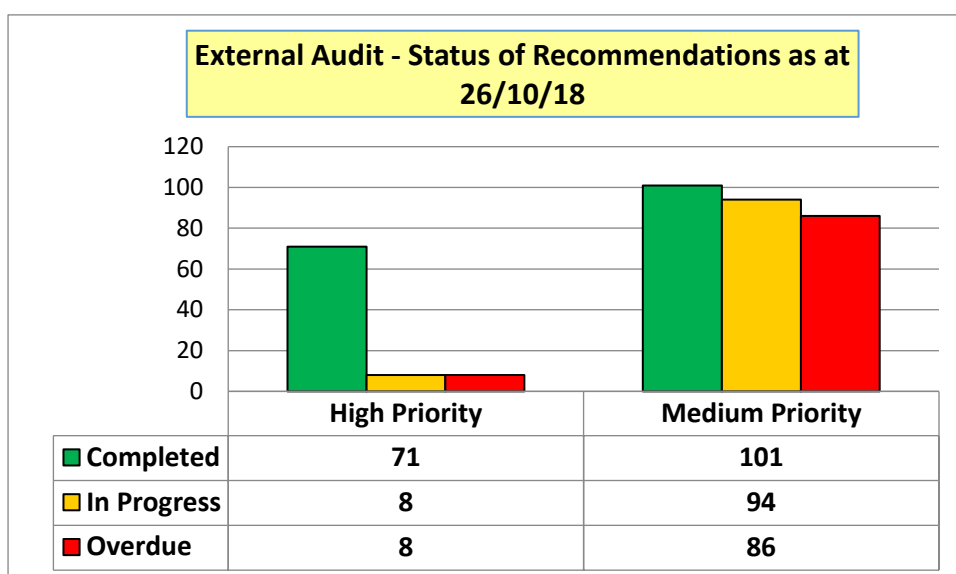
- Orthopaedic Services: Follow up (all-Wales thematic review 2018): scoping, fieldwork will commence in early 2019
- Local audit project: Follow up review of waiting times – fieldwork to commence in early 2019.

External Audit Action Plans

Action plans are all available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and named managers within the action plans. The deadlines for the reporting periods to the Executive Team and then onto Audit Committee are clearly set out within the file set up.

It should also be noted that the charts and tables within this report only include audit reports relating to the 2017/18 and 2018/19 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

The status of external audit recommendations is shown in the chart below



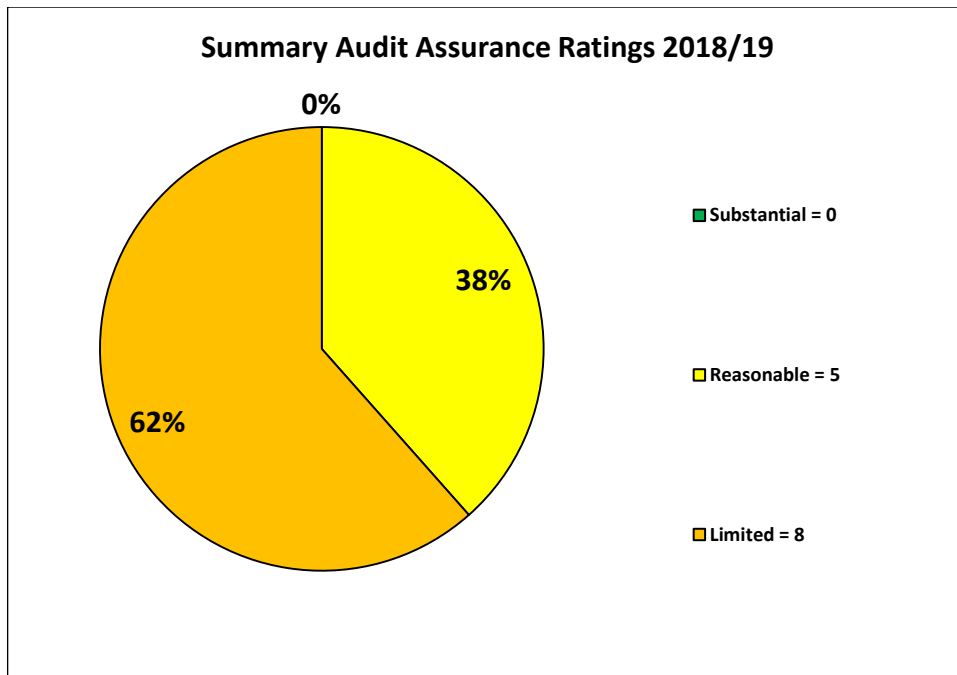
At this point, the overdue recommendations for external audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Longest Overdue (Days) as at 27/08/2018	Longest Overdue (Days) as at 26/10/2018
Medical Director	0	68		
NHS Consultant Contract: Follow Up of Previous Audit Reco	0	68	541	604
Director of Therapies	0	3		
Radiology Service	0	3	297	360
Chief Operating Officer	2	14		
Review of Follow-up Outpatient Appointments	1	0	967	1030
A Comparative Picture of Local Orthopaedic Services	1	0	146	209
Discharge Planning	0	14	232	240
Director of Corporate Governance	3	0		
Structured Assessment 2016	3	0	328	391
Director of Nursing	3	1		
Maternity Services Follow-up Review	0	1	420	483
Hospital Catering & Patient Nutrition Follow-up	3	0	511	574
Grand Total	8	86		

Taking into account noted revised target implementation dates, the table above would remain the same for high priority recommendations. The medium priority recommendations would reduce to 83 relating to Medical Director – NHS Consultant contract: Follow up of previous Audit recommendations.

NWSSP Audit & Assurance Audit Register 2018/19 (Appendix C)

As at 26th October 2018, 15 final reports have been issued which included two reports without an assurance rating (Annual Quality Statement and Sickness Absence Management – Follow up review). The assurance ratings on the 13 reports are summarised in the chart below:

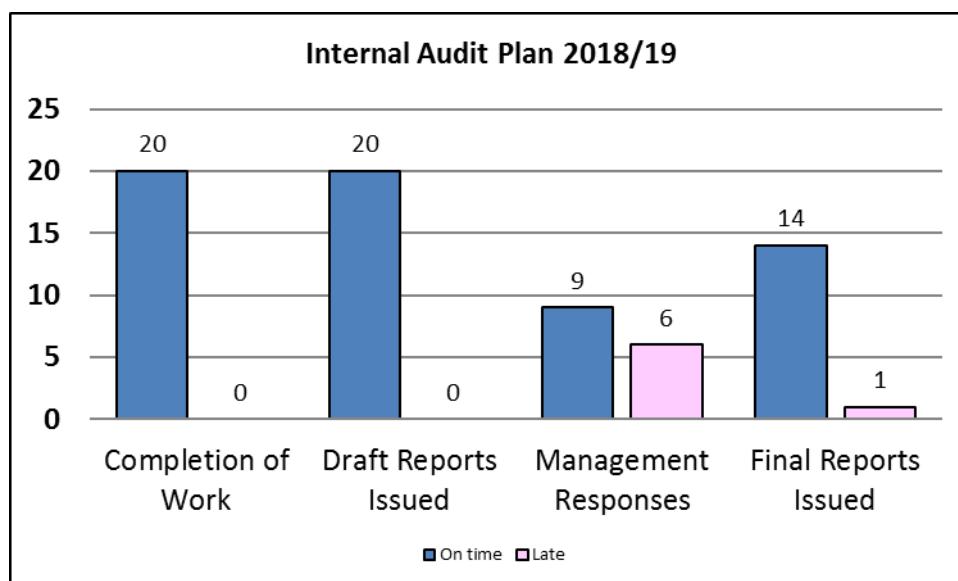


Key Performance Indicators

There are KPIs established for measuring the overall delivery of the audit plans which are set out below:

1. Completion of Work - Was the review work completed in the quarter planned?
2. Draft Reports Issued - Was the draft report received within 14 days of the review work being completed?
3. Management Responses - Were management responses received within 21 days of the draft report being issued?
4. Final Reports - Was the final report received within 14 days of management responses being received by NWSSP Internal Audit (including the completed Action Plan)?

The chart below summarises the position against the KPIs as at 26th October 2018:

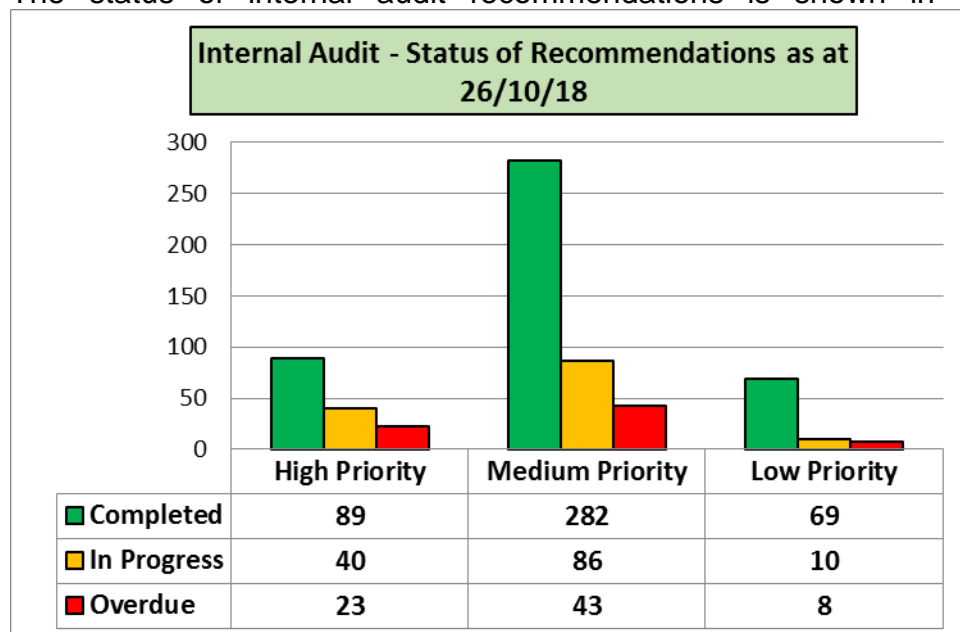


NWSSP Audit & Assurance Action Plans

Action plans are all available on the Finance Portal through SharePoint for managers and executives to access and update throughout the year. Training has been provided to executives and named managers within the action plans. The deadlines for the reporting periods to the Executive Team and then onto Audit Committee are clearly set out within the file set up.

It should also be noted that the charts and tables within this report only include audit reports relating to the 2017/18 and 2018/19 Audit Plans, unless there are recommendations that have not yet been reported as completed from previous years, and so these continue to be monitored this year, and reported to the Committee.

The status of internal audit recommendations is shown in the chart below:



At this point, the overdue recommendations for internal audit reports relate to:

Row Labels	Sum of High Priority Overdue	Sum of Medium Priority Overdue	Sum of Low Priority Overdue	Audit Rating	Longest Overdue (Days) as at 27/08/18	Longest Overdue (Days) as at 26/10/18
Director of Strategy	7	18	3			
Disability Discrimination	0	1	0	Reasonable	0	56
Phase 1B Clinical Accommodation	3	0	0	Limited	0	56
Phase 1B Existing Medical School	0	1	0	Limited	24	87
Capital Systems	0	0	1	Reasonable	23	86
Cardiac Intensive Therapy Unit	0	3	1	Reasonable	24	87
Health & Safety - Primary Care Estates	0	2	0	Reasonable	24	87
Security Framework (Follow Up)	0	1	0	Limited	236	299
Neath Port Talbot Operational PFI	0	6	0	Reasonable	267	330
Backlog Maintenance	0	1	1	Limited	24	87
Regulatory Compliance: H&S	0	1	0	Limited	146	209
Safety Alerts (Follow Up)	1	0	0	Reasonable	116	179
Performance Management & Reporting	0	1	0	Reasonable	86	26
Regulatory Compliance: Fire Safety FU	3	1	0	Limited	93	147
Medical Director	10	9	3			
Junior Doctor Bandings	1	4	1	Limited	846	909
Medical Appraisal to Support Revalidation	3	0	0	Limited	693	756
Mortality Reviews follow up	0	0	2	Limited	146	209
Medical Devices & Equipment	1	0	0	Limited	212	275
Informatics Programme	1	0	0	Reasonable	146	209
Locum Medical Cover: Expenditure Contro	3	2	0	Limited	176	239
Medical Devices & Equipment Follow Up	1	1	0	N/A	22	53
Health Records Management	0	2	0	Reasonable	24	87
Director of Therapies	0	5	0			
Dignity & Respect (Follow Up)	0	5	0	Reasonable	510	573

Chief Operating Officer	1	4	2			
Performance Management	0	1	0	Reasonable	327	390
MH&LD Governance	0	0	2	Reasonable	205	268
Data Quality: Mental Health Measures (Fol	0	2	0	Reasonable	204	267
GP Managed Practice	1	1	0	Reasonable	0	42
Director of Finance	0	1	0			
Funds Held on Trust - Part 2	0	1	0	Limited	24	26
Director of Human Resources	1	3	0			
Statutory & Mandatory Training Progress	0	2	0	Limited	296	329
Staff Performance Mgt & Appraisals	0	1	0	Limited	235	298
European Working Time Directive	1	0	0	Limited	205	55
Director of Public Health	0	1	0			
Vaccination & Immunisation	0	1	0	Limited	14	52
Director of Nursing	4	2	0			
Funded Placements in Non-NHS Settings F	4	0	0	Limited	358	421
Risk Management & Assurance	0	2	0	Reasonable	236	299
Grand Total	23	43	8			

Taking into account noted revised target implementation dates, the table above would reduce to 12 high, 27 medium and 7 low priority as shown on the table below:

Row Labels	Sum of High Priority Overdue2	Sum of Medium Priority Overdue2	Sum of Low Priority Overdue2
Director of Startegy	2	9	2
Medical Director	7	4	3
Director of Therapy	0	5	0
Chief Operating Officer	1	4	2
Director of Finance	0	1	0
Director of Human Resources	1	3	0
Director of Public Health	0	1	0
Director of Nursing	1	0	0
Grand Total	12	27	7

It should be noted that the lead Executive Director named on each report is reflective of the Executive Director portfolio of responsibilities at the date of update of the audit registers (26th October 2018). A review of the audit reports allocated to each Executive Director will need to be undertaken as a result of the realignment of Executive Director responsibilities.

Since the September Audit Committee there has been an improvement in the progress in implementing the outstanding internal audit recommendations with the number of overdue recommendations reducing from 104 to 74. The table

below shows a comparison of outstanding recommendations as at 26th October 2018 as compared to the status as at 26th August 2018.

Director	Overdue at 26 th October	Overdue at 26 th August	Change
Director of Strategy	28	35	-7
Medical Director	22	21	+1
Director of Therapies	5	12	-7
Chief Operating Officer	7	9	-2
Director of Finance	1	10	-9
Director of Human Resources	4	7	-3
Director of Public Health	1	1	0
Director of Nursing	6	9	-3
Total	74	104	-30

This reduction can be analysed by priority as follows:

Priority	Overdue at 26 th October	Overdue at 26 th August	Change
High	23	22	+1
Medium	43	62	-19
Low	8	20	-12
Total	74	104	-30

3.0 GOVERNANCE AND RISK ISSUES

- 3.1 There are significant governance risks arising from delays in implementing management responses to both Internal and External Audit reports particularly in areas where reports highlight limited assurance. Whilst progress has been made in implementing management actions and reducing the number of outstanding and overdue audit recommendations it is imperative that management actions are implemented on a timelier basis than is currently the case as highlighted by the tables above.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Whilst there are no direct financial implications which need to be highlighted in this report, there may be issues arising from individual audit reports which have financial implications, where cost may need to be incurred in order to implement audit recommendations or where areas of limited assurance may have financial implications for the health board.

5.0 RECOMMENDATION

Members are asked to :

- **NOTE** the current position of the Audit Registers, the status of the Action Plans and the progress made over the last 2 months in reducing the number of overdue recommendations.

Governance and Assurance					
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓
Quality, Safety and Patient Experience					
Ensuring the Board and its Sub-Committee(s) makes fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.					
Financial Implications					
There are no financial implications.					
Legal Implications (including equality and diversity assessment)					
There are no direct legal implications.					
Staffing Implications					
There are no direct staffing implications.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
No impact identified.					
Report History	None				
Appendices	Appendix A : External Audit Register 2017/18 Appendix B : External Audit Register 2018/19 Appendix C :Internal Audit Register 2018/19				

EXTERNAL AUDIT REGISTER 2017/18

Audit Work 2017		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements 2017/18 Report	23/05/2018	Jun-18	24/05/2018			30/05/2018
2	Financial Accounts Memorandum		Jul-18				
3	Audit of Charitable Funds Financial Statements 2017/18 Report	18/10/2018	Oct-18	23/10/2018			
	Performance Work						
4	Structured Assessment 2017	19/02/2018	Feb-18	19/02/2018			15/03/2018
5	Thematic Reviews: Primary Care (Note 1)	Not Received	Jan-19				
6	Thematic Reviews: Cross Sector Review- Intermediate Care Fund (Note 2)	Not Received	Jan-19				
	Local Audit Work						
	Other						
7	Annual Audit Report for 2017	19/02/2018	Jan-18	19/02/2018			15/03/2018
8	Audit Plan 2018	13/02/2018	Jan-18	13/02/2018			15/03/2018

Note 1: Local report being finalised - management responses being prepared

Note 2: Presentation of local findings to RPB on 30th October 2018. National report anticipated in early 2019

EXTERNAL AUDIT REGISTER 2018/19

Audit Work 2018		Draft Report	Final Report				Audit Committee
		Received	Due	Received	Completion		
					On Time	Late	
Financial Accounts Work							
1	Audit of Financial Statements 2018/19 Report		Jun-19				
2	Financial Accounts Memorandum		Jul-19				
3	Audit of Charitable Funds Statements 2018/19 Report		Oct-19				
	Performance Work						
4	Structured Assessment 2018		Jan-19				
5	Thematic Reviews: Clinical Coding Follow Up (Note 1)		Jan-19				
6	Thematic Reviews: Orthopaedic Services Follow Up (Note 2)		TBC				
	Local Audit Work - Follow up review of Waiting Times		Note 3				
	Other						
6	Annual Audit Report for 2018		Jan-19				
7	Audit Plan 2019		Jan-19				

Note 1: Fieldwork commenced

Note 2: Scoping - fieldwork planned for early 2019

Note 3: Scoping - fieldwork planned for early 2019

ABM UNIVERSITY HEALTH BOARD
INTERNAL AUDIT REGISTER 2018/19

Audit Assurance Rating Key		
Substantial Assurance	Some Assurance	
Reasonable Assurance	No Assurance	

Progress Monitoring of Approved Plan			Report Ref. No.	Executive Lead	Completion of Work			Draft Report			Management Responses			Final Report			Audit Assurance Rating / Audit Committee Date		
					Planned Finish	Actual Finish	Completion		Due	Issued	Completion		Due	Received	Completion			Due	Issued
Audit & Assurance																			
Corporate governance, risk and regulatory compliance																			
1	Governance, Leadership and Accountability (Incorporating Health & Care Standards)	ABM-1819-004	Director of Corporate Governance	Q1				14/01/1900				21/01/1900				14/01/1900			
2	Annual Governance Statement		Director of Corporate Governance	Q1				14/01/1900				21/01/1900				14/01/1900			
3	Risk Management & Assurance		Director of Nursing & Patient Experience	Q4				14/01/1900				21/01/1900				14/01/1900			
4	Corporate Legislative Compliance – Wellbeing of Future Generations (Wales) Act		Director of Strategy	Q3	26/10/2018	1		09/11/2018	29/10/2018	1		19/11/2018				14/01/1900			
5	Corporate Governance – Code Compliance (Deferred from 2017/18)		Director of Corporate Governance	Q3				14/01/1900				21/01/1900				14/01/1900			
6	Board Assurance Framework (Deferred from 2017/18)		Director of Corporate Governance	Q4				14/01/1900				21/01/1900				14/01/1900			
7	Partnership Governance: ARCH (Deferred from 2017/18)		Director of Corporate Governance	Q3				14/01/1900				21/01/1900				14/01/1900			
8	Health & Safety – Follow Up Review	ABM-1819-008	Director of Strategv	Q3	29/10/2018	1		12/11/2018	29/10/2018	1		19/11/2018				14/01/1900			
9	Fire Safety – Follow Up Review	ABM-1819-009	Director of Strategy	Q3	29/10/2018	1		12/11/2018	29/10/2018	1		19/11/2018				14/01/1900			
Strategic planning, performance management and reporting																			
10	Annual Plan (in absence of Integrated Medium Term Plan)		Director of Strategy	Q3				14/01/1900				21/01/1900				14/01/1900			
11	Performance Management and Reporting		Director of Strategy	Q4				14/01/1900				21/01/1900				14/01/1900			
12	Vaccination and Immunisation	ABM-1819-012	Director of Public Health	Q1	29/06/2018	1		13/07/2018	29/06/2018	1		20/07/2018	20/07/2018	1		03/08/2018	02/08/2018	1	20-Sep-18
13	Third Sector Commissioning – Follow Up Review	ABM-1819-047	Director of Strategy	Q2	31/08/2018	1		14/09/2018	31/08/2018	1		21/09/2018	11/10/2018		1	25/10/2018	18/10/2018	1	15-Nov-18
Financial Governance and management																			
14	Budgetary Control & Financial Reporting		Director of Finance	Q3				14/01/1900				21/01/1900				14/01/1900			
15	General Ledger		Director of Finance	Q3				14/01/1900				21/01/1900				14/01/1900			
16	Welsh Risk Pool Claims		Director of Nursing & Patient Experience	Q4				14/01/1900				21/01/1900				14/01/1900			
17	Charitable Funds - Funds Held on Trust (Part 1)	ABM-1819-016a	Director of Finance	Q1	01/06/2018	1		15/06/2018	07/06/2018	1		28/06/2018	11/07/2018		1	25/07/2018	16/07/2018	1	20-Sep-18
18	Charitable Funds - Funds Held on Trust (Part 2)	ABM-1819-016b	Director of Finance	Q2	17/08/2018	1		31/08/2018	29/08/2018	1		19/09/2018	30/08/2018	1		13/09/2018	31/08/2018	1	20-Sep-18
19	Charitable Fund: Golau Governance – Follow Up Review	ABM-1819-017	Director of Finance	Q2	20/08/2018	1		03/09/2018	23/08/2018	1		13/09/2018	24/09/2018		1	08/10/2018	04/10/2018	1	15-Nov-18
20	Payroll – Local Controls		Director of Finance	Q3				14/01/1900				21/01/1900				14/01/1900			
Clinical governance quality and safety																			
21	Annual Quality Statement	ABM-1819-019	Director of Nursing & Patient Experience	Q1	29/06/2018	1		13/07/2018	29/06/2018	1		13/07/2018	20/07/2018		1	03/08/2018	03/08/2018	1	No Rating
22	Putting Things Right: Integrity of DatixWeb (Deferred from 2017/18)	ABM-1819-020	Director of Nursing & Patient Experience	Q2	30/07/2018	1		13/08/2018	31/07/2018	1		21/08/2018	21/08/2018	1		04/09/2018	28/08/2018	1	20-Sep-18
23	Patient Reported Outcome Measures (Deferred from 2017/18)		Medical Director	Q3				14/01/1900				21/01/1900				14/01/1900			
24	Clinical Audit & Assurance (Deferred from 2017/18)		Medical Director	Q4				14/01/1900				21/01/1900				14/01/1900			
25	Discharge Planning (Deferred from 2017/18)		Director of Nursing & Patient Experience	Q3				14/01/1900				21/01/1900				14/01/1900			
26	Pressure Ulcers - Follow Up Review	ABM-1819-024	Director of Nursing & Patient Experience	Q2	28/09/2018	1		12/10/2018	28/09/2018	1		19/10/2018				14/01/1900			
27	Mortality Reviews - Follow Up Review	ABM-1819-025	Medical Director	Q2	28/09/2018	1		12/10/2018	29/09/2018	1		19/10/2018	19/10/2018	1		02/11/2018	29/10/2018	1	15-Nov-18
28	PCMA Deprivation of Liberty Safeguards– Follow Up Review (Units High Risks are DOLS)	ABM-1819-026	Director of Nursing & Patient Experience	Q2	06/08/2018	1		20/08/2018	06/08/2018	1		05/09/2018	10/09/2018		1	24/09/2018	10/09/2018	1	20-Sep-18
29	Nursing Quality Assurance / Matron Checks		Director of Nursing & Patient Experience	Q2				14/01/1900				21/01/1900				14/01/1900			
Information Governance and Security																			
30	Data Quality: Delayed Follow Ups	ABM-1819-028	Medical Director	Q2	23/08/2018	1		06/09/2018	24/08/2018	1		17/09/2018				14/01/1900			
31	IT / Cyber Security		Medical Director	Q3				14/01/1900				21/01/1900				14/01/1900			

ABM UNIVERSITY HEALTH BOARD
INTERNAL AUDIT REGISTER 2018/19

Audit Assurance Rating Key		
Substantial Assurance	Some Assurance	
Reasonable Assurance	No Assurance	

Progress Monitoring of Approved Plan			Completion of Work				Draft Report				Management Responses				Final Report				Audit Assurance Rating / Audit Committee Date
		Report Ref. No.	Executive Lead	Planned Finish	Actual Finish	Completion On time	Late	Due	Issued	Completion On time	Late	Due	Received	Completion On time	Late	Due	Issued	Completion On time	Late
32	Business Continuity & Disaster Recovery		Medical Director	Q2				14/01/1900				21/01/1900				14/01/1900			
33	Health Records Management (Physical notes)	ABM-1819-031	Medical Director	Q1	12/06/2018	1		26/06/2018	14/06/2018	1		05/07/2018	04/07/2018	1		18/07/2018	18/07/2018	1	20-Sep-18
34	GDPR		Medical Director	Q3				14/01/1900				21/01/1900				14/01/1900			
35	IT Application		Medical Director	Q3				14/01/1900				21/01/1900				14/01/1900			
Operational service and functional management																			
36	HR&OD Directorate - Follow Up (Deferred from 2017/18)		Director of Human Resources	Q4				14/01/1900				21/01/1900				14/01/1900			
37	GP Managed Practices: Cymmer Health Centre (Deferred from 2017/18)	ABM-1819-035	Chief Operating Officer	Q2	09/07/2018	1		23/07/2018	13/07/2018	1		17/09/2018	30/08/2018	1		13/09/2018	31/08/2018	1	20-Sep-18
38	Princess of Wales Service Delivery Unit Governance Review	ABM-1819-036	Chief Operating Officer	Q2	27/07/2018	1		10/08/2018	30/07/2018	1		20/08/2018	14/08/2018	1		28/08/2018	15/08/2018	1	20-Sep-18
39	Morrison Hospital Service Delivery Unit Governance Review	ABM-1819-037	Chief Operating Officer	Q2	18/09/2018	1		02/10/2018	27/09/2018	1		18/10/2018	18/10/2018	1		01/11/2018	19/10/2018	1	15-Nov-18
40	Strategy and Planning Directorate	ABM-1819-038	Director of Strategy	Q2	28/09/2018	1		12/10/2018	28/09/2018	1		19/10/2018	15/10/2018	1		29/10/2018	18/10/2018	1	15-Nov-18
Workforce management																			
41	Medical Staff Revalidation (Deferred from 2017/18)		Medical Director	Q3				14/01/1900				21/01/1900				14/01/1900			
42	Organisational Change Policy/Contractual Changes (Deferred from 2017/18)		Director of Human Resources	Q4				14/01/1900				21/01/1900				14/01/1900			
43	Nurse Rostering - Follow Up Review (Deferred from 2017/18)		Director of Nursing & Patient Experience	Q4				14/01/1900				21/01/1900				14/01/1900			
44	Junior Doctor Bandings - Follow Up Review (Deferred from 2017/18)		Director of Human Resources	Q4				14/01/1900				21/01/1900				14/01/1900			
45	Staff Performance Management and Appraisals - Follow Up Review		Director of Human Resources	Q4				14/01/1900				21/01/1900				14/01/1900			
46	Statutory & Mandatory Training - Follow Up Review		Director of Human Resources	Q4				14/01/1900				21/01/1900				14/01/1900			
47	Sickness Absence Management - Follow Up Review	ABM-1819-045	Director of Human Resources	Q2	29/06/2018	1		13/07/2018	29/06/2018	1		20/07/2018	01/08/2018	1		15/08/2018	05/08/2018	1	15-Nov-18
48	Medical Locum Cover - Follow Up Review		Medical Director	Q3				14/01/1900				21/01/1900				14/01/1900			
Capital and Estates Management																			
17/18 Audit Plan																			
49	Follow Up (Capital)		Director of Strategy	Q4				14/01/1900				21/01/1900				14/01/1900			
50	Major Strategic Investment Programmes: ARCH Programme		Director of Strategy	Q3				14/01/1900				21/01/1900				14/01/1900			
51	Capital Projects: Transitional Care Unit/Neonatal and Paediatrics Capacity		Director of Strategav	Q3				14/01/1900				21/01/1900				14/01/1900			
52	Capital Projects: Primary and Community Care Infrastructure Projects		Director of Strategy	Q4				14/01/1900				21/01/1900				14/01/1900			
53	Capital Projects: Environmental / Infrastructure Modernisation Programme		Director of Strategy	Q3				14/01/1900				21/01/1900				14/01/1900			
54	Informatics Modernisation Programme		Medical Director	Q4				14/01/1900				21/01/1900				14/01/1900			
55	Capital Systems		Director of Strategy	Q2				14/01/1900				21/01/1900				14/01/1900			
56	Follow up (Estates Assurance)		Director of Strategy	Q4				14/01/1900				21/01/1900				14/01/1900			
57	Estates Assurance: Water Management		Director of Strategy	Q3				14/01/1900				21/01/1900				14/01/1900			
58	Environmental Sustainability Report		Director of Strategy	Q2				14/01/1900				21/01/1900				14/01/1900			
59	Carbon Reduction Commitment		Director of Strategy	Q2				14/01/1900				21/01/1900				14/01/1900			
Compliance with the Public Sector Internal Audit Standards																			
60	Contingency		Director of Corporate Governance					14/01/1900				21/01/1900				14/01/1900			
61	Audit Management and Reporting		Director of Corporate Governance					14/01/1900				21/01/1900				14/01/1900			
62	Follow up of previous audit reports		Director of Corporate Governance					14/01/1900				21/01/1900				14/01/1900			